



Health changes.
Your lifestyle shouldn't.

Contact Human Resources
to Enroll

INTEREST SHEET

Prepared for: Centennial BOCES

Applicant	Name (first, middle initial, last)			Gender (M, F)	Birthdate	
	Street Address		City		State	ZIP
	Social Security Number		Home/Cell Phone *		Email	
Family	Spouse Name (first, middle initial, last)			Gender (M, F)	Birthdate	
	Dependent Name (first, middle initial, last)			Gender (M, F)	Birthdate	
	Dependent Name (first, middle initial, last)			Gender (M, F)	Birthdate	
	Dependent Name (first, middle initial, last)			Gender (M, F)	Birthdate	
Beneficiary/Disability	Beneficiary (first, last)			Relationship		Beneficiary Birthdate
	Beneficiary Street Address		Beneficiary City		State	ZIP
	Beneficiary Phone		Your hire date		Your State of Birth	Your Job Title

Indicate the Aflac plans you would like including who you want covered below. All amounts are per paycheck.

		Individual	Insured/ Spouse	Single Parent	Family
ELECTIONS	Accident Indemnity Advantage	<input type="checkbox"/> 21.58	<input type="checkbox"/> 30.55	<input type="checkbox"/> 34.97	<input type="checkbox"/> 45.50
	Cancer Protection Assurance 3	<input type="checkbox"/> 54.23	<input type="checkbox"/> 95.82	<input type="checkbox"/> 54.23	<input type="checkbox"/> 95.82
	Critical Care and Recovery	18-35 <input type="checkbox"/> 19.99	18-35 <input type="checkbox"/> 38.61	18-35 <input type="checkbox"/> 31.85	18-35 <input type="checkbox"/> 43.16
		36-45 <input type="checkbox"/> 30.55	36-45 <input type="checkbox"/> 54.47	36-45 <input type="checkbox"/> 40.43	36-45 <input type="checkbox"/> 59.54
		46-55 <input type="checkbox"/> 41.60	46-55 <input type="checkbox"/> 73.45	46-55 <input type="checkbox"/> 52.39	46-55 <input type="checkbox"/> 79.82
		56-70 <input type="checkbox"/> 53.30	56-70 <input type="checkbox"/> 100.49	56-70 <input type="checkbox"/> 68.51	56-70 <input type="checkbox"/> 108.03
	Hospital Choice CBS\$1,000 Incl. Extended Benefit Rider and Hospital Stay and Surgical Care	18-49 <input type="checkbox"/> 55.64	18-49 <input type="checkbox"/> 96.20	18-49 <input type="checkbox"/> 83.85	18-49 <input type="checkbox"/> 105.82
		50-59 <input type="checkbox"/> 62.92	50-59 <input type="checkbox"/> 113.88	50-59 <input type="checkbox"/> 88.01	50-59 <input type="checkbox"/> 114.53
		60-75 <input type="checkbox"/> 69.94	60-75 <input type="checkbox"/> 127.14	60-75 <input type="checkbox"/> 97.24	60-75 <input type="checkbox"/> 136.24
	Vision	<input type="checkbox"/> 37.70	<input type="checkbox"/> 73.97	<input type="checkbox"/> 73.45	<input type="checkbox"/> 110.50
18-39 <input type="checkbox"/> 13.90		18-39 <input type="checkbox"/> 21.90	18-39 <input type="checkbox"/> 22.90	18-39 <input type="checkbox"/> 28.90	
40-49 <input type="checkbox"/> 18.90		40-49 <input type="checkbox"/> 31.90	40-49 <input type="checkbox"/> 26.40	40-49 <input type="checkbox"/> 37.30	
Dental	50-70 <input type="checkbox"/> 28.40	50-70 <input type="checkbox"/> 48.90	50-70 <input type="checkbox"/> 32.90	50-70 <input type="checkbox"/> 49.90	
Disability (premiums deducted after tax)	<input type="checkbox"/> Gross annual income**		Elim. Period <input type="checkbox"/> 0/7 <input type="checkbox"/> 0/30 <input type="checkbox"/> 7/14		Term <input type="checkbox"/> 3 <input type="checkbox"/> 6 <input type="checkbox"/> 12 mo

Signature _____ Date _____ *Required for phone underwriting--choose your easiest access

**Only if applying for Disability

The rates shown on this page are for illustration purpose only; they do not imply coverage. Premiums are payroll deducted after the effective date, so no money up front. Policies are subject to underwriting, so please provide a number you can be easily reached.